

TELECOMMUTING AGREEMENT

Employees will be responsible for abiding by the terms of their Telecommuting Agreement and the telecommuting policies set forth by the University. More information about the Telecommuting policy can be found in the [Handbook of Operating Procedures 4.7.6](#). The following Telecommuting Agreement is to be completed, signed by all parties, and returned to the Office of Human Resources.

Employee Name: _____ Employee ID number: _____
Job Title: _____ Department: _____

Work Location:

Address: _____
Street City State

Designated work area (e.g., home office section of living room, etc.), attach floorplan:

Telecommuting work schedule (indicate day(s) and hours):

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Typical assignments to be worked on by the employee at the remote location:

The decision whether to install telecommunications facilities (e.g., business telephone line or data circuit) will be made between the department and the employee based on consultation with Telecommunications and Networking. If such facilities are installed, the expenses will be handled as follows: _____

The following University equipment will be used by the employee in the remote work location and will be returned to the UTHSCSA at the expiration of this agreement:

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Communication (i.e., e-mail, voice mail, etc.) will be handled as follows:

Additional conditions agreed upon by the telecommuting employee and the supervisor are as follows:

Effective Date: ____/____/____ **Expiration Date:** ____/____/____

By completing and submitting the Telecommuting Agreement, I understand and agree to the following provisions: (Check each provision)

- Long Distance business telephone calls, either voice or data, made from the remote location will be made using the telephone system remote access service.
- The employee agrees to allow appropriate UTHSCSA personnel to inspect the employee's designated work location at mutually agreed-upon times to ensure that safe and appropriate working conditions exist.
- This Agreement is subject to cancellation under conditions stated in the University's UTHSCSA Telecommuting Policy (HOP 4.7.6).
- I have read and understand the University's Telecommuting Policy and agree to the conditions detailed:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Chair/Director Signature _____ Date _____

Executive Committee Member Signature _____ Date _____